

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO. <u>09/980,940</u>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2							52				
3		1		1			53				
4		1		1			54				
5		1		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9							59				
10							60				
11					1		61				
12						1	62				
13						1	63				
14						1	64				
15						1	65				
16					1		66				
17						1	67				
18						1	68				
19					1		69				
20						1	70				
21						1	71				
22					1		72				
23						1	73				
24						1	74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1		4		TOTAL IND.				
TOTAL DEP.		10		10		10	TOTAL DEP.				
TOTAL CLAIMS		11		10		14	TOTAL CLAIMS				